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## Tumor Depth in Oral Squamous Cell Carcinoma: A Review

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### Introduction

Oral squamous cell carcinoma (OSCC) is most common malignancy accounting for 94% of all malignant neoplasms of oral cavity. Head and neck Squamous cell carcinoma (HNSCC) remains major cause of morbidity and mortality worldwide. OSCC occurs mainly between 6<sup>th</sup> and 7<sup>th</sup> decade of life mainly in males. [1] The causative agents involved in OSCC are tobacco; alcohol, poor oral hygiene and use of betel quid also are contributors. There have been recent improvements in survival rates of OSCC of all stages, with most dramatic improvement for those with early stage disease.

The unpredictable behavior of upper aerodigestive tract (UADT) SCC has led clinicians to look for reliable parameters to be applied as predictors of neck node metastasis and prognosis. If these parameters were significantly related to the presence of occult metastases or to the subsequent development of regional recurrences, they could be helpful when deciding on the regional treatment of stage I–II OSCC.

[2]

Several studies evaluated tumor thickness, which can be considered an objective parameter of the depth of invasion within the connective tissue. The increasing depth of invasion and the microvascular proliferation caused by neoplastic growth might determine proximity to blood vessels and lymphatics, thus facilitating the tumor's ability to metastasize. [1, 2]

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